

Attorney Docket No. EFIM0205

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| Date of Deposit: | 4/15/99 | Name of Person Making the Deposit: | Vanessa Knowles | Signature of the Person Making the Deposit: | <i>[Signature]</i> |
|------------------|---------|------------------------------------|-----------------|---|--------------------|

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Richter et al.

Attorney Docket No. EFIM0205

Serial No. 09/267,223

Group Unit: 2722

Filed: March 11, 1999

Examiner: Unknown

Title: ADMINISTRATIVE PRINT SERVER LINK FOR OUTPUT PERIPHERAL DEVICE

April 15, 1999

REQUEST FOR CORRECTED FILING RECEIPT

Assistant Commissioner for Patents
Application Processing Division
Customer Correction Branch
Washington, DC 20231

RECEIVED
APR 29 1999
Group 2700

Dear Sir:

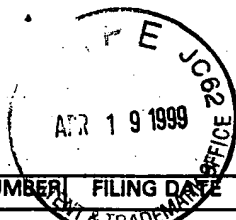
Applicant, by his attorney, requests correction of the Official Filing Receipt for the above-referenced patent application. The second inventor's first name is misspelled. Please change the spelling from "BAFI" to -- RAFI--. A copy of the original Filing Receipt is enclosed.

Respectfully submitted,

[Signature]
Michael A. Glenn
Reg. No. 30,176

125 Lake Road
Portola Valley, CA 94028
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FILING RECEIPT



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
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| APPLICATION NUMBER | FILING DATE | GRP ART UNIT | FIL FEE REC'D | ATTORNEY DOCKET NO. | DRWGS | TOT CL | IND CL |
|--------------------|-------------|--------------|---------------|---------------------|-------|--------|--------|
| 09/267,223 | 03/11/99 | 2722 | \$760.00 | EFIMO205 | 20 | 20 | 2 |

MICHAEL A GLENN
125 LAKE ROAD
PORTOLA VALLEY CA 94028

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Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Application Processing Division's Customer Correction Branch within 10 days of receipt. Please provide a copy of the Filing Receipt with the changes noted thereon.

Applicant(s)

BRADLEY S. RICHTER, BELMONT, CA; BAFI HOLTZMAN, SAN MATEO, CA

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 04/06/99

TITLE ADMINISTRATIVE PRINT SERVER LINK FOR OUTPUT PERIPHERAL DEVICE
PRELIMINARY CLASS: 395

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APR 11 1999

MICHAEL GLENN

DATA ENTRY BY: FORD, EVELYN

TEAM: 04 DATE: 04/06/99



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Bib Data Sheet

CONFIRMATION NO. 674

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|-----------------------------|-----------------------------------|--------------|------------------------|------------------------------------|
| SERIAL NUMBER 09/267,223 | FILING DATE 03/11/1999 RULE | CLASS 358 | GROUP ART UNIT 2624 | ATTORNEY DOCKET NO. EFIM0205 |
|-----------------------------|-----------------------------------|--------------|------------------------|------------------------------------|

APPLICANTS

BRADLEY S. RICHTER, BELMONT, CA;
RAFI HOLTZMAN, SAN MATEO, CA;

** CONTINUING DATA ***** None

** FOREIGN APPLICATIONS ***** None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/06/1999

| | | | | |
|--|--|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY CA | SHEETS DRAWING 20 | TOTAL CLAIMS 20 | INDEPENDENT CLAIMS 2 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | Examiner's Signature <i>A. Hansen</i> | Initials | | |

ADDRESS

31408

TITLE

ADMINISTRATIVE PRINT SERVER LINK FOR OUTPUT PERIPHERAL DEVICE

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|-------------------------------|---|--|
| FILING FEE RECEIVED 760 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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